

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

County: Jasper
 Permit #: _____
 Driller: McDonald Hill
 Date drilling completed: 10/8/14

For Office Use Only:
 Well #: Q79
 Aquifer: _____
 E-Log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Glen Plaisance</u>	Latitude: <u>31° 57' 3.6"</u> Longitude: <u>88° 57' 36"</u>
Mailing Address: <u>1032 CR 35</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Vossburg</u> <u>MS</u>	<u>S</u> 1/4 <u>SW</u> 1/4, Sec <u>3</u> T <u>1</u> N R <u>13E</u>
City State Zip Code	<u>2</u> Miles <u>NW</u> of <u>Vossburg</u>
Telephone No. () _____	(Distance) (Direction) (Nearest Town)

guessing at TC

Well / Borehole Data

Date drilling started: 9/29/14 Date drilling completed: 10/8/14 Hole depth: 440 Hole diameter: 7"

Location of the source of any surface water used for drilling: Community

Method of dosing and volume of Chlorine used in drilling and development: 1 lb per 1,000 gallons

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 240' feet [above or below] land surface Date measured: _____
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe) _____

Well depth: 440 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite MIX

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .000 inches Setting depth: From 420 feet to 440 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (4/13)

- 88.96
 31.951

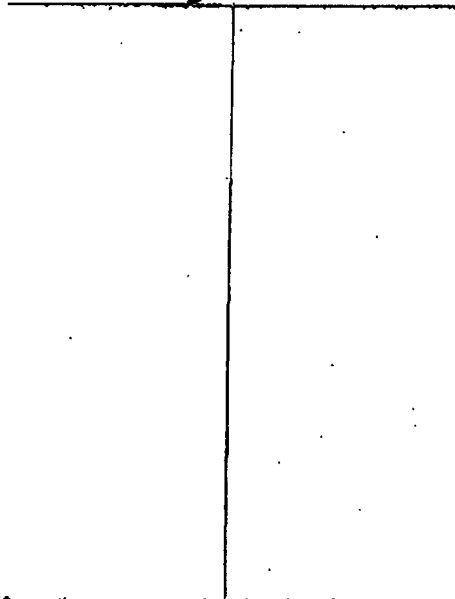
County: Jasper
 Permit #: _____

For Office Use Only:
 Well #: Q 79

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



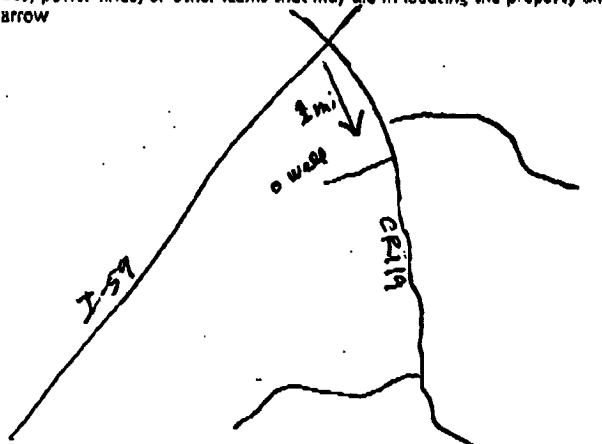
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red Sand/clay sf.	Ground level	40
White sand Rock w/pea gravel	40	41
shale	41	60
Shale / sand sf.	60	80
Rock	80	81
SAND	81	85
Pea Gravel	85	90
sand	90	100
Shale	100	120
Sandy shale - soft	120	125
Shale	125	148
Pea Gravel	148	150
sandy shale	150	165
Pea Gravel	165	166
Shale	166	200
shale - small gravel	200	260
shale	260	390
sandy shale	390	430
430 SAND	430	440

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



1 mile from
 I-59 . Gate
 1/2 Mail box on R.
 Well is 1,000 FT
 Off the Road
 behind camp

Landowner Name: Glen Plaisance Vossburg

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

McDonald & Hill #08 12/16/14 Ronald Hill
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Jasper
 Permit #: _____
 Driller: McDonald-Hill
 Date completed: 10/8/14
Copy information from block on Part 1

For Office Use Only:
 Well #: Q 79
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information			Well Location		
Owner Name: <u>Glen Plaisance</u>			Latitude: <u>31° 57' 3.6"</u> Longitude: <u>88° 57' 36"</u>		
Mailing Address: _____			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City: _____	State: _____	Zip Code: _____	<u>SW 1/4 SW 1/4, Sec 3 T 1N R 13E</u>		
Telephone No. (____) _____			<u>2</u> Miles <u>NW</u> of <u>Vossburg</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10/8/14 Rated Pump Capacity: 5 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1/2 Setting Depth: 300 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 10-8-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 240 Feet Below Land Surface Pumping Water Level (B): 200 Feet Below Land Surface

Drawdown [(B) - (A)]: 40 Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

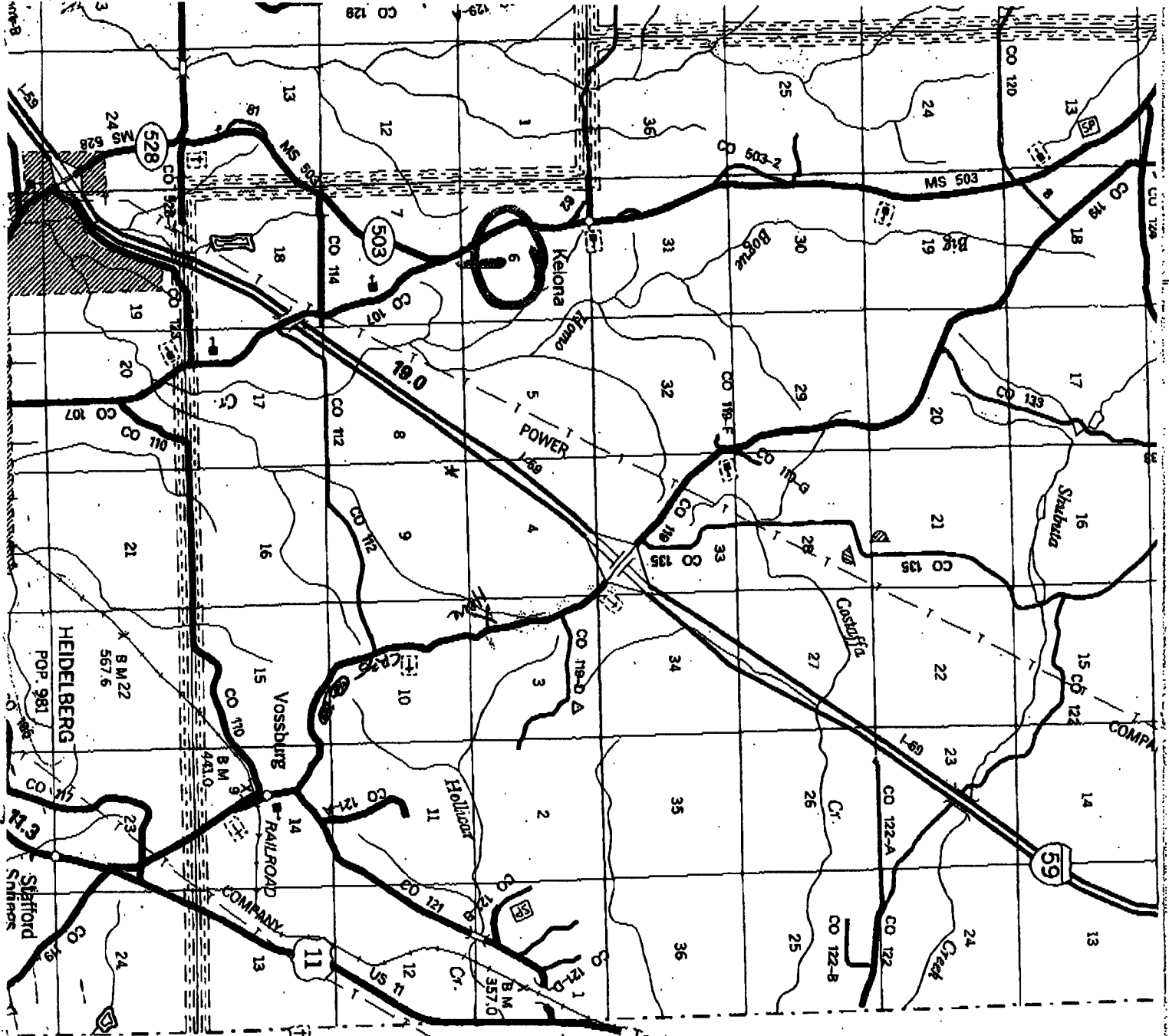
Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

McDonald + Hill #0-8 12/10/14 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



T 1 N

Q 79

T 2 N